

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 4 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33143

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4094

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3928 Wyandotte Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no. (Specify whether)  
In this community 50 years  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Etola Myrtle Wagner

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Charles E. Wagner 6. (c) Age of husband or wife if alive dec. years  
7. Birth date of deceased March 18 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 6 19 hr. min.

9. Birthplace Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER { 12. Name George Stockwell  
13. Birthplace Michigan  
(City, town, or county) (State or foreign country)  
14. Maiden name Ann Parker  
15. Birthplace Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant C. A. Wagner  
(b) Address 3928 Wyandotte, Kansas City, Mo.

17. (a) burial (b) Date thereof 10-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-8-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3928 Wyandotte Street  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7  
year 1948 hour 1:40 minute A. M.

21. I hereby certify that I attended the deceased from Jan 16 1939 to Oct. 6 1948  
that I last saw him alive on Oct. 6 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Ch. Myocarditis

Due to  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury  
23. Signature C. D. Cantrell C. D. Cantrell  
Address 636 W. 12th St. (M. D. or physician)  
Date signed 10/7/48

Dr. Cyrus Cantrell,

Angela Riley -  
in today 12 to 1:30

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

*William L. Anderson*

, Registered Apprentice No.

*259*

working under my personal supervision.

Signed

*W. L. Anderson*

Licensed Embalmer No.

*1415*

P. O. Address

*K. C. M. U.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**